

How your doctor's health affects yours

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Credit: AI-generated image ([disclaimer](#))

Doctors' health tends to be broadly high compared to the general population. This is expected given their relative privilege. Health operates according to a [social gradient](#) – those with more, say, money and education, generally do better and live longer. Yet, among doctors, suicide rates are [disproportionately high](#) and mental [illness is common](#).

Our society tends to consider certain people or roles as privileged and

resilient. Doctors, above all, are helpers: they care for us, rather than us caring for them. Large salaries, influence and cultural deference lead us to assume they are not in need of care themselves.

Such assumptions are not helpful if we want to address the problem of poor well-being in the medical profession. Research shows [doctors are prone](#) to burnout, depression, anxiety, substance abuse problems, and dysfunctional personal relationships.

And when doctors struggle, the human side of the care they are trained to give suffers, and so do we as patients. Ensuring doctor wellness should be seen as [ensuring quality in the Australian health-care system](#), promoting competence, reducing medical errors and, in turn, ensuring health system cost-effectiveness.

Doctors who feel better will make fewer mistakes and solve problems faster. Our public investment in their careers will pay off with quality care.

Doctors' well-being and patient health

There are many examples of the impacts of a doctor's health on the patient. Empathy, for example, is crucial to [clinical competence](#). We know people have [more empathy](#) when they are feeling better themselves.

The current environment may in many cases promote the reverse – what is often referred to as decreased [presenteeism](#), or on-the-job productivity. Doctors may be present (in the clinic) but not engaging with their patients.

Medicine is a quickly evolving science. Doctors are required to constantly absorb new and complex information. A recent [review of](#)

[studies](#), for example, showed participation in continuing education improves professional practice and, crucially, patient outcomes.

Further, there is a known negative relationship between participation in [professional education and burnout](#). This means the more stressed the doctor, the less motivated they will be to learn new things, and the less capable they will be to care for us.

In many other professions, time in the job reduces the risk of burnout. After an adjustment period that might be stressful, people settle down. In medicine, being in the job longer actually [increases risks](#). The long hours, work-life imbalances, workplace pressure and even recent changes in employment opportunities fundamentally bring into question the assumed privilege of doctors.

Our study of cancer doctors

Our [recent study](#) revealed how cancer specialists experience some of these issues.

A junior cancer specialist told of the pressures cascading through [medical school](#) to training:

"... you get through medical school, you do your internship residency, you get through and you don't fail, and that's one ... then you do your physician training ... it kind of takes over your life ... and then you find yourself in a medical oncology advanced training position, then you're like, ooh, everyone's talking about there being no job, and you just think, 'Gosh, I've just put myself through the wringer for the last ten years of medical school and then physician exams and everything' ... You just think, 'Oh my god, it doesn't end.'"

Another said:

"...If you're skating on the edge of burnout, then it is very difficult to have patience with patients and their families ... you're not going to have that reserve and resilience..."

A medical culture of not talking about emotional problems was also evident:

"There's not very many clear avenues of people that we can talk to about when there are difficult situations ... that is something which has the ability to affect your mental health in a detrimental way ... It still becomes hard for any individual to admit that they're struggling with something because that may come across as a form of weakness."

And an early-career cancer specialist talked of how on-the-job pressures affected patient care:

"I think you need to be able to commit that time [to patients] in order to be doing an effective job and if [treatment] becomes a box-ticking exercise ... it dehumanises the relationship, which I find a struggle ... When there isn't time to see everyone and you have to rush them out, I think that really wears down that important part of the patient-doctor dynamic."

Not just 'doctors' personalities'

A classic opt-out in this debate is that doctors are type-A personalities, which means they are competitive, self-critical, high achievers and so on.

While this may be true for some, viewing the problem through this lens places the responsibility on doctors themselves rather than focusing on systemic cultural and organisational issues in medicine. It also contributes to the cultural tendency to individualise [mental health issues](#),

rather than see them as deeply embedded in broader professional and health service problems.

Medical care is rarely straightforward. It involves listening to patients' stories, putting together complex histories and, in many cases, managing the difficult emotions of [patients](#) and families.

If we want doctors to listen, be empathetic, solve complex problems and maybe even [save the health system money](#), we need to invest seriously in clinician well-being. Healthy [doctors](#) understand us better, make good decisions and offer us the best chance of good [health](#).

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